



Historically Underserved Communities Teaching Guide

There are large populations of historically underserved and underinsured communities within the U.S. that need your help in obtaining quality, affordable health insurance. Reaching new consumer communities is a great way to expand your business while also directly advancing health equity, which is a key Marketplace priority. As an agent or broker, you are an essential partner in reaching and assisting consumers to obtain and stay enrolled in health coverage. This teaching guide contains information and resources that may be helpful in your efforts to understand, reach, and serve underinsured consumers.

Cultural Competency and Understanding Barriers to Care

Before assisting consumers in historically underserved communities, it is **essential** to understand who these communities are and the systemic inequities that may have limited their access to health insurance and information about enrolling in and using health insurance in the past.

Use the [Reaching Underserved Communities](#) webinar to build your knowledge of health disparities, how to address common concerns, how to serve consumers with limited English proficiency (LEP), how to work with community organizations, and how to answer the race and ethnicity, sexual identity, or gender identity questions in the Marketplace application.

Starting for Plan Year (PY) 2024, the Marketplace will be asking three new Sexual Orientation and Gender Identity (SOGI) questions on all applications:



What was [First Name]’s sex assigned at birth?
What’s [First Name]’s gender identity?
What’s [First Name]’s sexual orientation?

You can also refer to the cultural competency module in the annual training for PY 2024 to develop cultural competency skills (e.g., cultural understanding, awareness of self and others, combating unconscious biases) and learn ways you can support a diverse population of consumers.

Underserved Communities and Health Disparities

- Underserved populations experiencing health disparities include, but are not limited to, people of color, LGBTQI+¹ consumers, consumers with LEP, and rural consumers. Each of these communities face unique challenges when it comes to health insurance coverage.
- HHS also works to ensure that LGBTQI+ people, their families, and communities receive equal access to health services by providing enhanced resources for LGBTQI+ health issues. You can use these resources to improve cultural competency with respect to LGBTQI+ populations.

¹LGBTQI+ is an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, and more.



Underserved Communities and Health Disparities (continued)

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Fast Facts on Health Disparities

[Growing Market, New Opportunities: An Agent and Broker Panel Series on Reaching America's Uninsured and Underserved Communities](#) provides an overview of health coverage status among underserved populations and includes firsthand recommendations and best practices from agents and brokers currently working with these populations, unique characteristics of each population, and barriers to obtaining health coverage that each population faces.

16% of Black individuals are uninsured, despite comprising approximately 13% of the U.S. population.

A 2017 survey found that lack of awareness of the Marketplace was higher among Black respondents than among White respondents due to consequences of systemic racism including limited access to health insurance. Health insurance literacy, or familiarity with terms like premiums and deductibles, which can help people make informed choices about their coverage options, is lower among Black populations than among White populations. For more information, view the panel discussion on [Black and African American Communities](#).

29% of Hispanic individuals are uninsured, despite representing 19% of the total U.S. population.

Familiarity with common health insurance terms is lower among Hispanic populations than among White populations and lower among Spanish-speaking respondents than English-speaking respondents due to disparities in access to health insurance. Regions with majority Hispanic communities generally have elevated uninsured rates compared to other parts of the country. To learn more about this community, view the panel on [Hispanic and Latino Communities](#).

Uninsured rates vary greatly among Asian American and Pacific Islander (AAPI) subgroups, ranging from 3% for Japanese Americans to 10% for Korean Americans and 12% for Native Hawaiians and Pacific Islanders (NHPI) in 2019.

In 2019, almost one third of the U.S.'s 45 million immigrants were AAPI and almost three quarters of AAPI individuals spoke a language other than English at home. There are significant differences between different subgroups in this population, such as employment status and LEP status. To learn more about reaching this population see the panel discussion on [Asian American/Pacific Islander Communities](#).



Fast Facts on Health Disparities (cont.)

15% of American Indians/Alaska Natives (AI/ANs) had no health insurance coverage in 2019.

Some AI/AN may not realize that while some individuals have access to the Indian Health Service (IHS), they may also qualify for the Marketplace or Medicaid. Members of 574 federally recognized AI/AN Tribes and their descendants are eligible for services provided by IHS, which serves approximately 2.56 million people. For more information on assisting AI/AN consumers, see [this webinar](#).

LGBTQI+ individuals are more likely to report delaying care, less likely to have a usual source of care, and more likely to be concerned about medical bills than their non-LGBTQI+ counterparts.

According to a recent survey, 18% of LGBTQI+ individuals reported avoiding going to a doctor or seeking healthcare out of concern that they would face discrimination or be treated poorly because of their sexual orientation or gender identity. To learn more about the challenges this community faces, view the panel on [LGBTQI+ Communities](#).

For those who are AI/AN and get coverage from IHS, they can also get health coverage through Marketplace plans, [Medicaid](#), and the [Children's Health Insurance Program \(CHIP\)](#), which may offer several advantages such as better access to services that IHS, tribal programs, or urban Indian programs may not provide, improved affordability, and better availability of providers. For example, if someone is AI/AN who is a member of a [federally recognized Tribe](#) and Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder, they can enroll at any time of the year and may be eligible for zero cost sharing plans (between 100-300% of the federal poverty level (FPL)) or limited cost-sharing plans (below 100% and above 300% FPL). For more detailed information on assisting AI/AN communities with Marketplace coverage see this [fact sheet](#).

Uninsured rates in rural areas have been and continue to be about 2-3 percentage points higher than in urban areas over the 2010-2019 period.

Residents of rural areas often have more restricted access to health insurance and enrollment tools than residents of urban areas. Because of their remote status, rural adults, especially rural older adults, have a higher prevalence of several different chronic diseases compared to urban older adults and several studies have also found that rural cancer patients are more likely to be diagnosed at a later stage. Learn more about the challenges faced by rural communities by watching the panel discussion on [Rural Communities](#).

Where to get more information on assisting immigrants.

For more detailed information on assisting immigrants with Marketplace coverage, see the webinar on [Immigration & the Marketplace](#) (also available [in Spanish](#)).



Demographic Resources for Each Community

You can use the HHS Office of Minority Health (OMH) [Minority Population Profiles](#) to view detailed demographic, language fluency (where available), education, economic, insurance coverage and health status information, as well as full census reports for the following populations:

- [Black/African American Health](#)
- [American Indian/Alaska Native Health](#)
- [Asian American Health](#)
- [Hispanic/Latino Health](#)
- [Native Hawaiian/Pacific Islander Health](#)



CMS also has its own OMH that works with local and federal partners to eliminate health disparities for people of color, people with disabilities, members of the LGBTQI+ community, individuals with LEP, and rural communities. To view resources and learn more about each community, [visit the CMS OMH website](#).

Where Can I Find Members of These Communities?



- CMS has various resources and tools designed to help locate people in need of coverage.
- Below are a few examples of resources and tools CMS provides agents and brokers to help identify populations in need of enrollment assistance.
- Use the [Health Resources & Services Administration Health Equity Mapping Tool](#) to view a county-level overview of the minority health social vulnerability index in every state. You can use the data dictionary for definitions of the data displayed.
- View the CMS [Finding Uninsured Consumers: Key Census Data Tools for Agents and Brokers webinar](#) to learn how to use data from the U.S. Census Bureau to identify and locate underserved communities in your area.



Agent and Broker Outreach and Communication Best Practices

Now that you've learned more about the unique challenges of these communities and where to find them, you can use the following checklist of best practices to conduct outreach to these consumers:

Understand different community preferences

- To be culturally and linguistically competent, you should identify, understand and respect differences in consumers' cultural beliefs, behaviors, and needs.
 - Avoid stereotypes—consumers from the same background or from the same region may differ greatly in their traditions, customs, and opinions about health and coverage.
 - Respond appropriately to your clients based on their culture and language needs, which may include making referrals or asking for help (e.g., getting interpretation and translation services).
 - Remember to acknowledge, respect, and accept cultural differences among consumers.

“Intersectionality is a very important thing to consider when working with LGBTQI+ individuals because we’re not just queer, or we’re not just trans, we also may have a disability, we may be a person of color.” – A panelist on the [LGBTQI+ Communities panel](#)

Provide a personal approach

- Being authentic in interactions with consumers is important. When interacting with consumers from historically underserved communities or consumers with LEP, you should:
 - Use “people first” language (e.g., “person with LEP” rather than “LEP person”).
 - Speak directly to consumers, not to the person accompanying them or a translator, unless requested by the consumer.
 - Ask consumers about their goals and priorities.
 - Maintain the capacity and accommodations to help consumers understand and compare insurance options, including translation services.
 - Be willing to spend extra time and be patient. Because of the complexity of health insurance, you may have to repeat information multiple times or in different ways for a consumer to understand. You may be their only resource for knowledgeable, unbiased information.

When interacting with consumers from historically underserved communities or consumers with LEP, you should **NOT**:

- Assume a consumer needs translation assistance. Offer assistance if it seems to be needed or if a consumer requests it.
- Make assumptions about what a consumer is capable of understanding.





Agent and Broker Outreach and Communication Best Practices (cont.)

Some consumers may have questions about providing the optional race and ethnicity information in the Marketplace application. Use the [Tips for Addressing Consumer Concerns about the Marketplace Application Race and Ethnicity Questions](#) to answer common questions about providing this information and to help explain how this information will be used.

CMS has identified the following best practices to promote equitable and accurate data collection from consumers.



Clearly outline the purpose of the SOGI questions, including privacy and security measures:

- Explain that the questions will be used to help identify gaps in access to health coverage, similar to how race and ethnicity data are used. Responses to these questions will not impact plan pricing.
- Emphasize that the new data will be kept private and secure. In other words, the new data will not be shared with issuers, Medicaid and CHIP agencies, or other third parties at this time.
- Use Marketplace recommended question and answer wording to enhance consumers' understanding of SOGI questions.



You can also use Marketplace recommended question and answer wording to enhance consumers' understanding of SOGI questions and encourage responses:

- Ensure consumers understand that the questions are optional. They can skip or respond "Prefer not to answer."
- Ensure consumers understand that they can use free text response options to enter their own preferred terms.
- Use help text to provide further context and explanation of the questions and answer options.
- Clarify that the application filer can skip the questions or respond "Not sure" if they are unsure of how to answer the questions for others on the application. This will help improve data accuracy.
- Explain that the Marketplace application will ask these questions for household members ages 12 and older. At any time, consumers can update their responses to the SOGI questions, including changing or removing their previous responses.



Agent and Broker Outreach and Communication Best Practices (cont.)

Get involved with local community events and partner with community organizations

- You can work with trusted community-based organizations to connect with underserved and/or underinsured communities who may need enrollment assistance.
 - Community centers, community events, and faith-based organizations are great places to find and engage with consumers. Identify “hub” locations in the community.
 - Seek support from local and municipal agencies that provide social services (i.e., county health, housing, homeless shelters, and food banks). This may also include faith-based and grass roots organizations in communities.
 - Seek opportunities to do public service announcements.
 - Hold events in accessible locations (i.e., near public transportation).
 - Collaborate with rural communication networks to disseminate materials and engage consumers in conversations.

Join local trade associations and find a mentor to stay connected to the agent/broker community and learn from more experienced agents and brokers

- There are many agents and brokers, agencies, and field marketing organizations who already assist consumers in underserved communities every day.
- Consider seeking them out and asking them about their best practices when it comes to assisting historically underinsured communities. They may be able to give you advice on building trust with these consumers and how to share information with them on important Marketplace plan design elements such as premiums, cost-sharing, and differences in benefits and provider networks.

Other outreach tips and tricks



- Consider using outreach materials that represent the communities you are trying to serve. You can find CMS enrollment resources [here](#) which include [Materials in multiple languages](#), [Materials for special populations](#), and [AI/AN](#) outreach materials. You can also order free copies of educational products and learn about partner education resources [here](#).
- Consider involving community members in outreach. In many underserved communities, there is a distrust of businesses that try to sell products—especially ones that may be difficult to understand, such as health insurance. Through word-of-mouth references, you can relay that you are a trustworthy source.



Agent and Broker Outreach and Communication Best Practices (cont.)

Use easy to understand language and avoid industry jargon

- You are encouraged to provide services that are culturally and linguistically appropriate to the consumers you help, including consumers with LEP.
 - You can assist your client in calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) for assistance in over 150 languages.
 - Consumers will first be given the language options of English or Spanish via automated prompt. Consumers who speak a language other than English or Spanish can request to connect to a representative for assistance at any time. The representative will ask the consumer what language they speak. To access the Marketplace application and the instructions to complete the application for coverage in another language, visit the [HealthCare.gov Other Languages Resources page](#).

“When you empower people with knowledge, they feel equipped to not only make the right decisions and choices, but they can feel confident that the plan that they have in place is what’s going to be most suitable.” – A panelist on the [African American and Black Communities panel](#)

Make it easy for your consumers to get help

- A consumer may feel uncomfortable or ashamed to say that they don’t understand. It is important to build trust to address this, and to clearly explain each piece of the process without having to be asked. Share reliable information sources with consumers (in their preferred language when possible). Health literacy and providing information in a way consumers can understand is vital to ensuring that consumers choose the plan that is right for them.
- Other ways to help consumers might involve:
 - Helping consumers with limited access to the internet or technology fill out paper applications if applying online is not possible or offering remote assistance services. Learn how you can identify, reach, and assist consumers who have little or no internet access with applying for the coverage they need using this tip sheet on [Reaching Consumers with Limited Internet Access](#).
 - Helping consumers assess their options for transportation to providers covered by different plans, which may be especially important for rural consumers, who may not have access to public transportation or other sources of reliable transportation.
 - Helping consumers with different income levels and backgrounds understand their healthcare coverage options. This includes informing consumers about what medical services are covered under different plans and what they can expect to pay out of pocket when seeking care.



Agent and Broker Outreach and Communication Best Practices (cont.)

- Try to use language familiar to the community and don't wait to be asked—explain everything.
- Helping immigrants understand the American health system, which may be very different from the health system in their country of origin.

Use a variety of channels to advertise

Using a variety of channels to advertise your services will help ensure that you are able to reach a wider range of underserved communities. You can visit the [Special Populations page](#) for information on how to reach consumers and provide education through community-relevant channels. If your clients would like to refer you to their friends and family or if you are able to connect with trusted community leaders or organizations, you can use this [Marketplace DIY Design Toolkit](#) to develop your own Marketplace-branded marketing materials to distribute. You can also use [this tip sheet](#) to learn more about marketing best practices.

Additionally, you can use [publicly available Census data](#) to support targeted marketing and outreach efforts to new geographic areas that are likely to have higher uninsurance rates. View this webinar on [Finding Uninsured Consumers: Key Census Data Tools for Agents and Brokers](#) to learn more about this tool.

Make sure your language preferences are up to date on your Marketplace Learning Management System (MLMS) profile and are publicly available to consumers through the Find Local Help (FLH) tool. Ensuring that you communicate the languages you speak to consumers is key to reaching and serving historically underserved communities.

You should also ensure you have completed training to participate in Help On Demand, a consumer assistance referral system that quickly connects consumers seeking assistance with Marketplace-registered, state-licensed agents and brokers in their area who can provide assistance with Marketplace plans and enrollments. For more information on Help On Demand, please visit the [Help On Demand page](#) on CMS.gov.

As a reminder...




There may be some overlap between underserved communities and consumers losing health coverage as a result of Medicaid and CHIP renewals following the end of the continuous enrollment condition. The [Agent and Broker Toolkit: Transitions in Coverage](#) provides an overview and timeline of renewal processes and best practices on how to reach and assist affected consumers.




Health Literacy Essentials

Agents and brokers often take on an educator role while assisting consumers with enrolling in coverage due to the complexities of the insurance system and low rates of consumer health insurance literacy. Assisting consumers in historically underinsured communities may provide a unique challenge as they already face existing barriers to coverage. It is CMS' hope that you can assist consumers to:


Better understand the basics of health insurance by sharing the following tips:




There are glossaries available to your clients to learn about the common terms used when speaking about health insurance such as the [Glossary of Health Coverage and Medical Terms](#) on CMS.gov and the [HealthCare.gov glossary](#).




There are many kinds of private health insurance policies. Different kinds of policies can offer different kinds of benefits, and some may limit which doctors, hospitals, or providers your clients can use.




Your clients may have to pay coinsurance or a copayment as their share of the cost when they get a medical service such as a doctor's visit, hospital outpatient visit, or a prescription. Coinsurance is usually a percentage amount (for example, 20% of the total cost). A copayment is usually a set dollar amount (for example, your clients might pay \$10 or \$20 for a prescription or doctor's visit).




Your clients may have to pay a deductible each PY before their insurance starts to pay for the care they receive. For example, if their deductible is \$200, and they go to the emergency room and the total cost is \$1,250, then they will pay the first \$200 to cover the deductible and their insurance will pay the rest.



Health insurance plans contract with networks of hospitals, doctors, pharmacies, and health care providers to take care of people in the plan. Depending on the type of policy your clients buy, their plan may only pay for their care when they get it from a provider in the plan's network. If they seek care outside of the plan's network, they may have to pay a bigger share of the bill.



They may see products that look and sound like health insurance, but don't offer the same protection as full health insurance (which may include or sometimes be referred to as short-term limited duration insurance or fixed indemnity plans). Some examples are policies that only cover certain diseases, policies that only cover them if they're in an accident or plans that offer them discounts on health services.



They can also use the [Get Answers page](#) on HealthCare.gov to find answers to frequently asked questions that they might have about health insurance and how to obtain coverage through the Marketplace.



Health Literacy Essentials (cont.)



If your clients have limited access to the internet or technology, you can print and share the [Roadmap to Better Care Guide](#), the [My Health Coverage At-A-Glance fillable resource](#), and the [5 Ways to Make the Most of Your Health Coverage](#) tip sheet. These resources are available in 8 different languages on the [Coverage to Care page](#) on CMS.gov and are great tools to help your clients understand how to best use their health coverage.

Understand how to complete their Marketplace application accurately:



If your client has ever applied for coverage through the Marketplace, then there is a good chance they already have an existing application. Use this tip sheet on [Avoiding Duplicate Applications](#) for best practices on conducting a person search and updating an existing application before creating a new one.



If your client fails to provide a Social Security number (SSN) or other Taxpayer Identification Number (TIN) on their Marketplace application, they will likely generate a data matching issue (DMI) which could result in loss of coverage or financial assistance. [This tip sheet](#) provides a walkthrough of entering the SSN on an application to avoid unnecessary coverage or financial assistance loss.



Let your client know that if they happen to generate a DMI, it is because their data may not match information at our trusted data sources, a trusted data source may not have data for them, or information is missing or incorrect on the application (e.g., a consumer fails to provide a SSN on their application). You can use the webinar on [Helping Consumers Resolve Data Matching Issues](#) or the [Agent and Broker Summit: Data Matching Issues Workshop](#) to learn more about resolving DMIs.



Consumers without an SSN should be prepared to provide documentation to resolve the resulting DMI. The necessary documents that need to be submitted to resolve the DMI can be found on the consumer's Eligibility Determination Notice (EDN).

Make informed decisions regarding affordability and plan selection, and select a plan that works best for them and/or their family by reviewing eligibility:

- Let your clients know that health insurance is attainable as there are several benefits that make insurance more affordable through the Affordable Care Act (ACA). When working with your clients, it is important to consider all plan information, such as premiums, deductibles, and potential out-of-pocket costs. Use the glossaries mentioned earlier in this guide to explain these plan elements to your clients and work with them to determine how they might weigh each of these elements in their plan selection.



Health Literacy Essentials (cont.)

- Your client may be determined eligible to receive advance payments of the premium tax credit (APTC), which they may apply toward their plan premium during the year.
- Your client may also qualify for income-based cost-sharing reductions (CSRs), which can reduce their out-of-pocket costs, such as deductibles, coinsurance, and copayments.
- HHS issues poverty guidelines that are often referred to as the FPL. For PY 2024, the Marketplace uses the [2023 Guidelines](#) when calculating eligibility for APTC and income-based CSRs.

Another key factor in the plan selection process is helping your clients choose metal level plans that best fit their needs. Each metal level has different key attributes that should be thoroughly explained to consumers for consideration.



For example, while Bronze plans typically have the lowest monthly premiums, they have the highest costs associated with coverage. For consumers who are willing to pay a slightly higher monthly premium, a Silver plan may work better because they can have more of their routine care covered and spend less overall. Use this tip sheet on [Helping Consumers Choose the Right Plan](#) to explain the metal level differences to your clients.



However, if you are working with an AI/AN who is a member of a U.S. federally recognized tribe, is enrolled in a QHP, and who has a household income between 100% and 300% FPL, they may have to pay premiums. In their case, enrolling in Bronze plan will provide the same zero-cost-sharing benefit as a Silver or Gold plan, but Bronze plan premiums usually cost less.

Understand where to seek information if post-enrollment questions arise:

Make sure that your clients know that they can reach out to you post-enrollment should they have any questions, concerns, or updates that they need to make to their Marketplace application.



Note, certain changes in circumstance (CiCs) create a 60-day Special Enrollment Period (SEP) for consumers to change their Marketplace plan outside of the Open Enrollment Period. In most circumstances, consumers must report their CiC within 30 days. CiCs could refer to changes in income, household, offers of health coverage, and permanent addresses.

If consumers have questions regarding their benefits, help them contact their insurance company. Most insurance companies have websites where consumers can access their benefit information, claims history, any accumulations of out-of-pocket expenses, and 'find a provider' tools.

If a consumer reaches out to you and is not sure whether their Medicaid or CHIP coverage was terminated by their state Medicaid or CHIP agency, you should instruct consumers to find contact information for their state Medicaid or CHIP agency by visiting the [Renew Your Medicaid or CHIP Coverage page](#) on [Medicaid.gov](#) which provides enrollment links and contact information for each state.